



## 2015 SPRING YOUTH T-BALL/BASEBALL

### **PLEASE COMPLETE AND RETURN TO THE SPAR ATHLETICS DEPARTMENT**

(Team Entry Deadline: March 20, 2015)

**SEASON BEGINS April 11, 2015**

Child's Name: \_\_\_\_\_

Birth Date: \_\_\_\_\_

Address: \_\_\_\_\_

Apt: \_\_\_\_\_

City: \_\_\_\_\_

Zip: \_\_\_\_\_

Phone No.: \_\_\_\_\_

Coach: \_\_\_\_\_ School & Grade: \_\_\_\_\_ / \_\_\_\_\_

1. A child may play UP one age division but **cannot play down**.
2. It is the coach's responsibility not to place players on the roster who are not of the proper age.

### **Age Divisions**

**5-7 year old: cannot be 8 before March 31, Current Year**  
**8-10 year old: cannot be 8 before March 31, Current Year**  
**11-12 year old: cannot be 13 before March 31, Current Year**  
**13-14 year old: cannot be 15 before March 31, Current Year**

I, the parent or guardians of the above named child, give my permission for him/her to participate in the Shreveport Public Assembly & Recreation (SPAR) T-Ball / Baseball Program. I will not hold SPAR, the City of Shreveport, nor any official responsible if my child is injured while engaging in this sport. I understand the hazards and dangers involved in the sport and will use my own insurance, if needed. I also agree to provide a copy of my child's birth certificate which will be kept on file at the SPAR Athletic Office.

\_\_\_\_\_  
Parent or Guardian Signature

\_\_\_\_\_  
Date